

MV-104 (5/11) PAGE 1 of 2

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Use only for accidents that happen in New York State

New York State Department of Motor Vehicles  
REPORT OF MOTOR VEHICLE ACCIDENT  
www.dmv.ny.gov

BEFORE COMPLETING THIS FORM, READ THE INSTRUCTIONS IN SECTION A ON PAGE 2

|  |   |   |  |  |   |
|--|---|---|--|--|---|
| DO NOT FORGET<br>ACCIDENT DATE   |   | Page 1 of 1                             | <input type="checkbox"/> RUSH - DRIVER OF VEHICLE 1 - LICENSE SUSPENDED FOR FAILURE TO REPORT  |  | 1   |
| Accident Date<br>Month 5 Day 12 Year 15  | Day of Week<br>Wed  | Time<br>15:44                           | <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM   | Number of Vehicles<br>1  | Number Injured<br>0   |
| DRIVER OF VEHICLE 1  |   |   | Number Killed<br>0   | Did police investigate accident at scene?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If "Yes", Name of Police Agency or Precinct & Accident Number |
| Driver License ID Number<br>304 951 1097   | State of License<br>NY  |   | <input type="checkbox"/> VEHICLE 2 <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> BICYCLIST <input type="checkbox"/> OTHER PEDESTRIAN                      |  |   |
| Driver Name - exactly as printed on license (Last, First, M.I.)<br>Unalido, Marcelo  | Name - exactly as printed on license (Last, First, M.I.)<br>Galvan, Ivner |   | State of License   |  |   |
| Address (Include Number & Street)<br>304 E. 193rd St. #1C  | Address (Include Number & Street)   |   | Apt. Number  |  |   |
| City or Town<br>Bronx  | City or Town  |   | State Zip Code   |  |   |
| Date of Birth<br>Month 11 Day 16 Year 87   | Sex<br>M  | Number of People in Vehicle<br>0        | Public Property Damaged<br><input checked="" type="checkbox"/>   | Date of Birth<br>Month Day Year  | Sex   |
| Name - exactly as printed on registration<br>Rodrigo, Maria  |   |   | Name - exactly as printed on registration  |  |   |
| Address (Include Number & Street)<br>1135 Bronx River Ave.   |   |   | Address (Include Number & Street)  |  |   |
| City or Town<br>Bronx  |   |   | City or Town   |  |   |
| State Zip Code<br>NY 10472   |   |   | State Zip Code   |  |   |
| Plate Number<br>#33  | State of Reg.<br>NY   | Vehicle Year & Make<br>2013 Honda Truck | Vehicle Type<br>Truck  | Ins. Code  | Public Property Damaged<br><input type="checkbox"/>           |
| Estimated Cost of Property Damage - Vehicle 1<br><input type="checkbox"/> \$1,001-\$1,500 <input type="checkbox"/> \$1,501-\$2,500 <input type="checkbox"/> Over \$2,500   |   |   | Estimated Cost of Property Damage - Vehicle 2<br><input type="checkbox"/> \$1,001-\$1,500 <input type="checkbox"/> \$1,501-\$2,500 <input type="checkbox"/> Over \$2,500 |  |   |
| Describe damage to vehicle 1   |   |   | Describe damage to vehicle 2   |  |   |
| <p>ACCIDENT DIAGRAM: Circle one of the 9 diagrams (numbered 0-8) if it describes the accident, or draw your own diagram below in space #9. Number the vehicles. Your vehicle is #1</p>                             |   |   |  |  |   |
| Place Where Accident Occurred in New York State:   |   |   |  |  |   |
| County <u>Sullivan</u> , NY  |   |   |  |  |   |
| Road on which accident occurred <u>2000 Blvd. 6</u> Permanent Landmark   |   |   |  |  |   |
| at <input type="checkbox"/> 1) intersecting street <u>Perry Road</u> (Route Number or Street Name)   |   |   |  |  |   |
| or <input type="checkbox"/> 2) <u>Feet</u> <u>Miles</u> of <u>US 208</u> (Route Number or Street Name)   |   |   |  |  |   |
| How did the accident happen? <u>I was reversing the truck. I did not see any impact occur between the truck and the gate. Bldg. Claims they have video footage. No much was used when reversing.</u>               |   |   |  |  |   |
| ALL INVOLVED   |   |   |  |  |   |
| Names of All Persons Involved  |   |   |  |  |   |
| 8. Which Veh. Occupied   |   |   |  |  |   |
| 9. Position in/on Vehicle  |   |   |  |  |   |
| 10. Safety Equip. Used   |   |   |  |  |   |
| 12. Age  |   |   |  |  |   |
| 13. Sex  |   |   |  |  |   |
| 16. Injury   |   |   |  |  |   |
| Describe injuries  |   |   |  |  |   |
| If Deceased, Enter Date of Death   |   |   |  |  |   |
| Identify Damaged Property Other Than Vehicle(s)  |   |   |  |  |   |
| Name of Insurance Company That Issued Policy For Vehicle 1   |   |   |  |  |   |
| Name and Address of Policy Holder  |   |   |  |  |   |
| VIN  |   |   |  |  |   |
| Policy Number  |   |   |  |  |   |
| Policy Period From To  |   |   |  |  |   |
| If Vehicle was Operated Under Permit (ICC, USDOT or NYSDOT), give No.  |   |   |  |  |   |
| Name and Address of Permit Holder  |   |   |  |  |   |
| If Self-Insured, give Certificate No.  |   |   |  |  |   |
| and State  |   |   |  |  |   |
| Date <u>5/15/18</u>  |   |   |  |  |   |
| Print Name of Driver (or Representative) of Vehicle 1 <u>Marcelo Unalido</u>   |   |   |  |  |   |
| Signature of Driver (or Representative) of Vehicle 1   |   |   |  |  |   |
| * A representative may sign for the driver if the driver is unable to sign because of injury or death. If you are signing as the driver's representative, check the box that describes why the driver cannot sign. |   |   |  |  |   |
| <input type="checkbox"/> Injury <input type="checkbox"/> Death   |   |   |  |  |   |
| An accident report is not considered complete and filed unless it is signed, and if not signed may result in the suspension of your driver's license.  |   |   |  |  |   |